

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2003 - JUNE 30, 2004**

**COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS**

JUL 14 PM 4:09

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Maternal, Child and Family Health Services

Division/Unit: San Diego Kids Health Assurance Network (SD-KHAN)

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	60	Hours	1167	X	\$17.19	=	\$20,060.76
----------	----	-------	------	---	---------	---	-------------

Types of work performed by GENERAL VOLUNTEERS in this category:

Participate in SD-KHAN Community Collaborative meetings to plan and implement
access to health care strategies for linking uninsured children with health care coverage
programs.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	\$17.19	=	\$0.00
----------	---	-------	---	---	---------	---	--------

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
<u>Pediatricians</u>					<u>\$1,655.00</u>
					<u>\$0.00</u>

No. Vol.	0	Total Hours	0	Total Value	\$1,655.00
----------	---	-------------	---	-------------	------------

0000120

Types of work performed by SPECIALIZED VOLUNTEERS in this category:
Medical services provided to uninsured children who do not qualify for existing state
sponsored health care programs.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>60</u>	<u>1167</u>	<u>\$20,061</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$1,655</u>

TOTALS	60	Total Hours	1167	Total Value	\$21,715.73
---------------	-----------	--------------------	-------------	--------------------	--------------------

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours X Rate

\$0.00

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours 100 X Rate

\$17.19

\$1,719.00

c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$1,719.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$21,715.73

b. Total of Donations to Volunteer Program, Item 3 \$0.00

c. Subtract Total of program Costs, Item 4d \$1,719.00

TOTAL PROGRAM BENEFIT:

\$19,996.73

0000122

6. **RECRUITING:**

Please describe your recruiting programs:

There is no special recruitment process for volunteers. SD-KHAN Community

Collaborative meetings are held on an on-going basis, interested organizations and individuals attend and join active workgroups.

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Pediatricians from Children's Primary Medical Care network agree to provide pro bono out-patient services to children for check-ups, immunizations, physicals and comprehensive care.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

To coordinate efforts to link uninsured families to medical care and other resources.

9. **GENERAL INFORMATION:**

Name of person completing report:

Toosdhi M. McGowan, MPH, MSW, CHES

Phone:

619.692.8023

Mail Stop: P-511H

E-Mail:

toosdhi.mcgowan

Volunteer Coordinator:

Phone:

Mail Stop:

E-Mail:

10. **DEPARTMENT CERTIFICATION:**

Nancy L Berwen MD

[Signature]

DEPARTMENT HEAD SIGNATURE

7/9/04

6/12/04

DATE

0000123